

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Executive Order 20-23
State of Disaster Emergency Related to Covid-19
Temporary Certification Application

Certified Nurse Aide, Certified Medication Aide

- This application for temporary certification is specific to the State of Disaster of Emergency related to COVID-19 only. The temporary certification will be null and void 90 days after the State of Disaster Emergency is terminated.
- Any person who was previously certified within Kansas and was in good standing prior to their lapse of the certification (within five years) may complete this application to apply for a temporary certification to work in an Adult Care Home facility. **(Please Note:** This application is only used to request a temporary certification. To renew a CNA certification, a Register Nurse (RN), can administer a skills/task checklist with an aide at a long-term care facility or hospital.)
- At the end of this temporary certification period, to continue to work in the state of Kansas, the applicant must meet the regulatory requirements for certification.

Applicant Information:

Name: _____
Last First MI (maiden/surname)

If change of name, please also attach a copy of your Driver's License

Social Security Number _____ - _____ - _____ Date of Birth: ____/____/____
MO Day Year

Mailing Address _____
Street City State Zip code

Phone Number: () _____ EMAIL: _____

Preferred Method for Temporary Approval Notice: (Please only select one method) ___Mail ___Email

Certification Information:

Kansas Credential Number: _____

Select type(s) of temporary certification requesting.

___ Certified Nurse Aide/Assistant (CNA)
___ Certified Medication Aide (CMA) (also check CNA certification, if inactive.)

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application.

Candidate's Signature

Date

The completed form can be either be mailed or faxed or email to:
KDADS/Health Occupations Credentialing 785-296-3075 tabetha.mojica@ks.gov
503 S. Kansas Avenue
Topeka KS 66603-3856

KDADS USE ONLY Approval Date: _____ Initials of approving staff member: _____